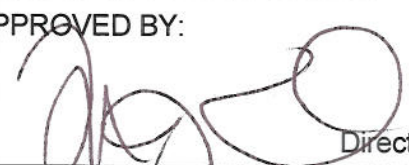




## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT  <b>STANDARDS FOR PRESCRIBING AND MONITORING MEDICATIONS</b>	POLICY NO.  <b>103.01</b>	EFFECTIVE DATE  <b>10/8/2010</b>	PAGE  <b>1 of 6</b>
APPROVED BY:  Director	SUPERSEDES  <b>103.1 09/15/2002</b>	ORIGINAL ISSUE DATE  <b>10/1/1989</b>	DISTRIBUTION LEVEL(S)  <b>2</b>

### PURPOSE

- 1.1 To establish standards for prescribing and furnishing psychoactive medications (hereafter referred to as "medications") in the Los Angeles County - Department of Mental Health (LAC-DMH) and to provide a foundation for quality management relating to the use of the major classes of psychoactive medications.

### DEFINITIONS

- 2.1 **Furnishing or ordering:** of drugs or devices by nurse practitioners is the act of making a pharmaceutical agent or agents available to the patient in accordance with a standardized procedure pursuant to California (CA) Business & Professions Code Section 2836.2. (See Authority)
- 2.2 **Furnishing Supervision/Supervisor:** for purposes of this policy is defined as supervision by a physician or surgeon required for the furnishing or ordering of drugs or devices by a Psychiatric Mental Health Nurse Practitioner (PMHNP) pursuant to California (CA) Business & Professions Code Section 2836.1. (See Authority)
- 2.3 **Standardized Procedures:** refers to policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code. California (CA) Business & Professions Code Section 2725. (See Authority)
  - 2.3.1 **Standardized Procedures:** for furnishing are the content of the DMH Parameters for the Prescribing of Psychoactive Medications. (See References 1 and 2)
- 2.4 **Patient-Specific Furnishing Protocols:** are developed in consultation with the furnishing supervisor that permit patient-specific furnishing that is not permitted within the standardized procedure and are documented in the clinical record. (See Reference 1 and Attachment 1)



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### POLICY

- 3.1 The prescribing and furnishing of medications must be compliant with all applicable federal and State regulations, DMH PMHNP Standardized Procedures, and DMH Policies and Parameters. (See References 1 and 2)
  - 3.1.1 Documentation regarding the prescribing and furnishing of medications must be consistent with DMH Policy No. 104.8 Clinical Records Guidelines: Contents and General Documentation Guidelines. (See Reference 3)
- 3.2 Prescribing and furnishing must be consistent with generally accepted professional and community standards.
- 3.3 All medication must be prescribed or furnished through the LAC-DMH electronic tracking system unless necessitated by alternate systems of approval, e.g., authorizations required by Health Maintenance Organizations, e.g., Kaiser, Veterans Administration (VA), etc.

### PROCEDURE

- 4.1 General prescribing and furnishing:
  - 4.1.1 Physical Examination and Medical Monitoring
    - 4.1.1.1 Guidelines for medical monitoring are included in DMH Parameter 3.7 General Health-Related Monitoring and Interventions in Adults (See Reference 4) as well as the parameters for the specific classes of medication being prescribed. Monitoring of individuals taking any medication should be determined by the unique clinical situation and condition of the individual, including type of medication(s), health risk factors, duration of treatment, concurrent general medical conditions and associated medications and laboratory monitoring of serum levels. All such activity and results shall be documented in the clinical record.
    - 4.1.1.2 Refusal to undergo a medical examination and/or appropriate medical monitoring is a special situation that must be addressed by the prescribing physician. Risks and benefits of prescribing medication shall be discussed with the individual being treated. The physiologic dangers inherent in this situation must be considered





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and the nature and outcomes of such deliberations must be clearly documented in the clinical record.

### 4.1.2 Outpatient Medication Review

4.1.2.1 The prescribing physician must document review of medications with the client or guardian when:

- a new medication is prescribed;
- at least annually even in the absence of medication changes; and
- the client resumes taking medication following documented withdrawal of consent for treatment.

4.1.2.2 The "Outpatient Medication Review Form" (See Attachment 2) issued by LAC-DMH shall be used in all directly operated outpatient facilities and shall replace any other medication review or medication informed consent forms currently in use except those clients who are dependents or wards (children and youth under the jurisdiction of the Juvenile Court). These forms shall be chronologically filed in the client's clinical record with the "Medication Log" forms.

4.1.2.3 The "Psychotropic Medication Authorization Form" issued by Juvenile Court shall be used when applicable.

4.1.2.4 Information to be provided to the client/guardian shall include:

- An explanation of the nature of the illness and of the proposed treatment;
- A description of any reasonable foreseeable material risks, side effects, interactions with other medications, or discomforts;
- A description of anticipated benefits;
- A disclosure of appropriate alternative procedures or courses of treatment, if any; and
- Special instructions regarding food, drink, or lifestyles.

### 4.1.3 Practice outside of DMH Parameters:

4.1.3.1 Practice outside of DMH Parameters shall be in accordance with the DMH Guidelines for the Use of the Parameters, Number V, which



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states; "These parameters are not absolute, but practice outside of such parameters requires special justification, documentation, and in some instances, consultation." (See Reference 5)

4.1.3.2 Furnishing outside of the DMH Parameters by the PMHNP may only occur after documented consultation with the Furnishing Supervisor and the initiation of a Patient-Specific Furnishing Protocol.

- Patient-Specific Furnishing Protocols are entered into the clinical record, stating that necessary consultation with the furnishing supervision has occurred, and signed by the furnishing PMHNP within one (1) business day and co-signed by the furnishing supervisor within five (5) business days. (See Attachment 1 for the required elements)

#### 4.1.4 Associated Assessment:

4.1.4.1 Relevant information contained in progress notes from other clinical disciplines and staff should be reviewed and considered by the treating physician/PMHNP in formulating medication treatment planning. Factors influencing the physician's/PMHNP's treatment decisions obtained from other treating clinicians should be documented.

4.1.4.2 Treatment of individuals known to the facility but not to the physician/PMHNP (i.e., cross coverage situations) should include a review of the clinical record to assess for medication history, adverse side effects, allergies and other special circumstances or considerations required to appropriately prescribe/furnish.

4.1.4.3 Physicians/PMHNPs should be capable of utilizing the full spectrum of psychotropic agents available for the specific population being treated and consistent with the physician's background, training, and scope of practice.

4.1.4.4 In circumstances where multiple clinicians are involved in the treatment, physicians should periodically review and discuss medication treatment plans with other disciplines and document this activity in the clinical record.





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### 4.1.5 Monitoring and Quality Improvement

- 4.1.5.1 LAC-DMH shall regularly measure performance against important components of the DMH clinical parameters. Monitoring and analysis is used to improve practitioner performance, revise the guidelines, and enhance clinical decision-making.
- 4.1.5.2 All parameters related to the use of psychoactive medications shall be incorporated into existing medication monitoring standards and procedures.
- 4.1.5.3 Existing methods of monitoring and quality improvement will be utilized where appropriate. These methods include, but are not limited to, supervision, medication monitoring, peer review, and site visits.

### 4.1.6 Furnishing Supervision

- 4.1.6.1 Furnishing Supervision is a component of the job responsibilities of a LAC-DMH physician.
- 4.1.6.2 An LAC-DMH physician must be approved by the LAC-DMH Supervising Psychiatrist for the relevant program or LAC-DMH Regional Medical Director and the Program Head in order to function as a Furnishing Supervisor.
- 4.1.6.3 A Furnishing Supervisor must conduct an annual review of the associated PMHNP's performance and gives input into the Annual Performance Evaluation. (See Reference 1)
- 4.1.6.4 The Furnishing Supervisor must attest at least yearly to the continued clinical competence of the PMHNP based upon regular review of cases.
- 4.1.6.5 Supervision of the frequency and duration of furnishing must comply with DMH Policy No. 106.08 Clinical, Rehabilitative, and Case Management Service Delivery Supervision. (See Reference 6)



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### ATTACHMENTS (HYPERLINKED)

1. Required Elements of a Patient-Specific Furnishing Protocol
2. Outpatient Medication Review Form

### REFERENCES

1. DMH PMHNP Standard Procedures
2. DMH Parameters for Medication Use
3. DMH Policy No. 104.8 Clinical Records Guidelines: Contents and Documentation Guidelines
4. DMH Parameters 3.7 General Health-Related Monitoring and Interventions in Adults
5. DMH Guidelines for the Use of DMH Parameters
6. DMH Policy No. 106.08, Clinical, Rehabilitative, and Case Management Service Delivery Supervision

### AUTHORITY

California Business & Professions Code Sections 2725-2836

### RESPONSIBLE PARTY

LAC-DMH Office of the Medical Director